## STATEMENT OF

RECEIVED

| FORM 1                         | ORGANIZATION         |                |                        |       |   | EP 26 AM II: 30<br>CMAUS CENTER         |                                  |
|--------------------------------|----------------------|----------------|------------------------|-------|---|---|----------------------------------|
| NAME OF COMMITTEE (in          | n full)              |                | Check if name changed) |       | mple:If typing, type<br>r the lines.                      | 12FE4M5                                 | Once ose Only                    |
| MISSISSIPF                     | PICON                | GRES           | SIONAL (               | CAMP  | AIGNS VICTO   | RY FUN                                  | D FEDERAL PAC                    |
|                                |                      | 1111           |                        |       |   |   |                                  |
| ADDRESS (number a              | nd street)           | <b>P.</b> O    | BOX 1                  | 172   |   |   |                                  |
| (Check if address is changed)  |                      | BOC            | A RATC                 | DN .  |   | FL                                      | 33429                            |
|                                |                      |                |                        | CITY  |   | STATE                                   | ZIP CODE                         |
| COMMITTEE'S E-MA               | address              | SS (Please     | -                      |       |   | FUNDPA                                  | CS@GMAIL,COM                     |
| COMMITTEE'S WEE                | PAGE ADI             | ORESS (UR      | RL)                    |       |   |   |                                  |
| (Check if is change            |                      |                |                        |       |   |   |                                  |
| 2. DATE ÖŞ                     | o <sup>™</sup> ′ 224 | ³ ′ <b>ž</b> 0 | ľ1Ž Ť                  |       |   |   |                                  |
| 3. FEC IDENTIFICATION NUMBER C |                      |                |                        |       |   |   |                                  |
| 4. IS THIS STATE               | MENT X               | NEW            | (N) OR                 |       | AMENDED (A)   | *************************************** |                                  |
| I certify that I have          | examined th          |                |                        | -     | knowledge and belief it                                   | is true, correct                        | and complete.                    |
| Type or Print Name             | of Treasure          | JAN            | MES LIN                | OUL   |   |   |                                  |
| Signature of Treasur           | er <u> </u>          | )a             | mes d                  | D'anc | lis.  | Date Ö9                                 | ´´24° ´2012 `                    |
| NOTE: Submission of            |                      | -              | •                      | -     | bject the person signing the                              |   | the penalties of 2 U.S.C. §437g. |
| Office<br>Use                  |                      |                |                        |       | For further information of<br>Federal Election Commission |   | FEC FORM 1                       |